

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board, Portfield
Dental Surgery

12 January 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Portfield Dental Surgery at 11 Portfield Haverfordwest on 12 January 2016.

HIW explored how Portfield Dental Surgery met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Portfield Dental Surgery provides services to patients in the Haverfordwest area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

Portfield Dental Surgery is a mixed practice providing mainly private and some NHS dental services.

Portfield Dental Surgery is one of three practices in West Wales owned by Petra Dental Group.

The practice staff team includes two dentists, one therapist, six nurses, one receptionist and one practice manager.

A range of general dental services are provided.

3. Summary

Overall, we could not be satisfied that the practice was meeting the standards necessary to provide safe and effective care, because suitable arrangements for the safe use of radiographic equipment were not in place. As a result of these concerns, an immediate action letter was issued to the practice indicating the improvements required. At the time of publication of this report, the practice provided HIW with assurance that these immediate concerns are being addressed.

In addition to the issues of the radiographic equipment, we found that improvements were needed in a number of areas including:

- Quality assurance and management processes to ensure compliance with the relevant regulations and standards
- Infection control
- Storage of waste
- Resuscitation equipment and processes
- Safeguarding
- Clinical facilities
- Policies, procedures and risk assessments.

However, we did find the practice were doing the following well:

- The feedback we gained through the HIW patient questionnaire was positive
- Clinical facilities were clean and tidy
- We overheard staff being polite and courteous to patients via telephone calls and during face to face conversations
- Staff we spoke to were happy in their roles.

Following the inspection, the practice was required to complete two improvement plans (Appendix A) to address the findings.

4. Findings

Quality of the Patient Experience

The feedback we gained through the HIW patient questionnaire was positive. The practice had a system for seeking patient feedback as a way of assessing the quality of the service provided. We recommended the practice should improve the display on the notice board to make information, including the complaints poster easily visible to patients.

Prior to the inspection, we asked the practice to give out HIW questionnaires to get patients views on the dental services provided. Twenty five questionnaires were completed and returned to us. Patient comments included:

“Always made welcome and at ease when nervous.”

“The practice was very good when I started bringing my young children they do not fear coming to the dentist.”

“Excellent practice and most calming waiting room experienced, with lots of magazines too.”

Dignified care

We found the staff to be professional and friendly, and we overheard them being polite and courteous to patients via telephone calls and during face to face conversations. Feedback from the patients who completed the questionnaires was positive. The majority of patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

Timely care

The practice tries to ensure that dental care is provided in a timely way. The majority of patients who completed the HIW questionnaires told us they did not experience delay in being seen by the dentists. Staff told us that if a dentist was running late they would make sure they kept patients informed.

We saw a sign in the window of the practice with details of the emergency contact telephone number and we confirmed there were emergency numbers provided on the practice's answer phone message, so that patients could access emergency dental care when the practice is closed. The majority of patients told us they knew how to access out of hours dental care.

Staying healthy

Health promotion information can help patients to take responsibility for their own health and well-being. We noticed there was some health promotion information in the waiting area. All patients who completed the questionnaires told us they received enough information about their treatment.

We saw that one patient had commented (via the practice's suggestions box) that they would find it helpful to have information on treatment procedures. The practice confirmed they were intending to make this information available to patients.

The practice should also consider how they could make information accessible to a wider range of patients, such as by providing information in other formats and languages, including Welsh. The need for this could be assessed through gaining patient feedback.

Individual care

We saw that the practice had a way of seeking patient feedback. There were feedback forms and a suggestions box available in the reception area. We saw a sample of completed feedback forms, where patients had provided comments and suggestions for improvement. We saw that an action log had been created where the practice had considered the patient feedback they received.

We saw that the practice had a notice board in the reception/waiting area with a large number of information posters, including the costs of treatment, a complaints poster and health promotion posters. However, we noticed that this notice board was cluttered and hard to read. Although the complaints poster was displayed, over half of patients who completed the HIW questionnaires told us that they were unsure of how to make a complaint.

Improvement needed

The practice should improve the display on the notice board to make information, including the complaints poster, easily visible to patients.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. We found the procedure was generally compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry

Wales 2008 Regulations¹. However, the details of other organisations that patients could contact, including the Community Health Council, Public Services Ombudsman for Wales and HIW were missing. The procedure also needed to make clear where there are differences, depending on whether the patients were receiving private or NHS treatment.

Improvement needed

The contact details for the Community Health Council, Ombudsman and HIW should be added to the complaints policy and posters.

The complaints procedure should be clear about the process and applicable organisations for patients to contact depending whether the patients are receiving private or NHS treatment.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Delivery of Safe and Effective Care

We could not be satisfied that the practice was meeting the standards necessary to provide safe and effective care, because suitable arrangements for the safe use of radiographic equipment were not in place. As a result of these concerns, an immediate action letter was issued to the practice following the inspection indicating the improvements required.

In addition to this, we identified a number of other improvements needed to clinical facilities; infection control; resuscitation equipment and processes; safeguarding and patient records.

Safe care

Clinical facilities

We found that all surgeries were clean and tidy and the practice building appeared to be visibly well maintained. We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. However, we found that several areas of the practice were very cluttered, including pieces of equipment no longer in use and this prevented appropriate storage of materials. We advised the practice to address this.

Fire extinguishers were placed strategically and had been serviced regularly. We saw that the practice had two fire exits; the main door and a second exit at the far end of the practice. We saw that the area around the second fire exit was being used inappropriately for storage of mops/brushes, water containers and x-ray processing chemicals. This prevented one of the doors leading to this area from opening fully and we were concerned that the storage of these items could cause an obstruction to the fire exit. We highlighted this to the practice on the day of inspection and advised that this be addressed without delay. We also noticed that the door of the fire exit was stiff and could not be opened with one hand. We told the practice to seek advice from an appropriate fire safety expert regarding this.

Improvement needed

The practice must ensure that all fire exits are free from obstruction.

The practice must seek advice from an appropriate fire safety expert regarding the second fire exit door.

The practice had arrangements in place for the disposal of non hazardous and hazardous waste. However, we found that the bins for storing clinical and non-clinical waste inside the practice were not appropriate because these bins were designed for external use and did not have a lid or a foot pedal to assist with infection control. We also found that the practice did not have suitable arrangements for the disposal of feminine hygiene waste.

Improvement needed

The practice must ensure the clinical and non-clinical waste is stored appropriately within the practice, including the use of appropriate clinical waste bins.

The practice must make arrangements for the disposal of feminine hygiene waste.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH)². COSHH assessments are important for the protection of staff and patients. We saw that whilst the practice had a list of the hazardous substances used at the practice, few COSHH risk assessments had been completed. The assessments that had been completed were disorganised with some duplicate assessments. We also found that the majority of assessments were missing the safety data sheets³ provided by the manufacturer of the substance.

Improvement needed

The practice must ensure that full COSHH risk assessments are completed for all hazardous substances used at the practice.

² COSHH is the law that requires employers to control substances that are hazardous to health. More information can be found on the Health and Safety Executive website via the following link <http://www.hse.gov.uk/coshh/index.htm>

³ Safety data sheets are provided by a manufacturer of a hazardous substance and will provide information on the hazardous properties of the substances, any health effects associated with its use, how likely it is to get into the air or onto the skin, and what risk reduction measures should be used to control exposure to an acceptable level. Safety data sheets are the first stage of conducting a COSHH assessment.

Infection control

We identified a number of areas of improvement needed to the infection control arrangements, including the following:

- Infection control/decontamination policies were found to be out of date and lacked sufficient information about the procedures for decontaminating instruments at the practice (such as the storage period for instruments). When we discussed this with staff, it was evident that the policies had not been updated in line with the Welsh Health Technical Memorandum 01-05⁴ (WHTM 01-05) guidelines
- Whilst there was a dedicated room for the cleaning and sterilisation of dental instruments, it was small and cluttered. The clutter was preventing a clear flow of cleaning instruments from 'dirty' to 'clean' and prevented effective cleaning of the work surfaces
- There was no dedicated hand washing sink in the decontamination room
- The decontamination room only had one sink and the practice was using two bowls, one for cleaning dirty instruments and one for rinsing. However, the bowls being used were shallow metal dishes and had not been appropriately labelled for their use
- We found that clean instruments were not stored appropriately within the decontamination room. These instruments were stored in plastic boxes above the sink in the 'dirty' area rather than the 'clean' area of the room. The lids on these plastic boxes did not close properly and were overflowing with instruments
- We looked at instruments stored in both the decontamination room and surgeries and we found some instruments had not been dated. We found one instrument was out of date
- We saw that there were two large clinical waste bins stored in the 'clean' area of the decontamination room which did not have lids to assist with infection control

⁴ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

- The practice had two pieces of equipment for cleaning instruments (ultra-sonic) but regular testing and maintenance checks had not been carried out in line with the WHTM 01-05 guidelines
- On the day of inspection, the servicing certificate for one of the sterilisers was not available (this was sent to HIW following the inspection)
- Although logbooks for checking sterilisation equipment had been maintained, we found that not all recommended daily checks were performed on the sterilisers in line with WHT 01-05. This included the daily replacement of water and the records of the daily test cycle, including temperature, pressure, and signature of operator
- We found that there was another steriliser machine (Statim) in the decontamination room which had not been recently serviced. We were told that this machine was not used. We advised the practice to either service this machine, so that it was safe for use, or have it decommissioned.

We saw that the practice had conducted an infection control audit which indicated the practice had 100% compliance in decontamination. The results of this audit contrast with our negative findings in the same area. We also noticed the audit tool used was primarily designed for use in England and we advised the practice to use the tool developed by the Dental Postgraduate Section of the Wales Deanery, as recommended by the Wales specific WHTM 01-05 guidelines.

Improvement needed

The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05.

An infection control audit should be re-conducted and the practice should develop a plan for addressing any areas identified.

Emergency drugs and resuscitation equipment

We looked at the resuscitation equipment and emergency drugs available at the practice. We found that all drugs were in date and expiry dates were noted. However, the practice did not have a system for checking the equipment was safe for use (recommended weekly) in line with UK Resuscitation Council Guidelines. We found that one type of emergency drug (midazolam) was not available. We told the practice order this without delay. We also found that the pads on the defibrillator machine had expired and needed to be replaced.

Improvement needed

The practice must ensure that all recommended emergency drugs are available.

There must be suitable systems for checking that all resuscitation equipment is safe to use in line with UK Resuscitation Council Guidelines.

We looked at the arrangements for ensuring the security of prescription pads at the practice. We found that the prescription pads in use were not locked away when unattended.

Improvement needed

The practice must take steps to ensure the security of prescription pads.

On the day of inspection, we were not able to see records to show that all staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We were told that staff had completed this as a practice team, but it was unclear when this had been. Following the inspection, the practice sent HIW copies of the CPR certificates for staff, but we saw that the certificate for one of the nurses was out of date. The practice confirmed that they were organising updated CPR training for all staff.

We were told that one staff member had attended first aid training, but a certificate was not available. It is recommended that at least two members of staff complete first aid training to ensure there is always a first aider present at the practice. The practice was asked to forward these certificates to HIW following the inspection.

Improvement needed

There must be effective systems in place to ensure that all staff working at the practice have up-to-date training in CPR and that relevant staff have completed first aid training.

Safeguarding

We were told that all staff had completed training in the protection of children and vulnerable adults in April 2015. However, certificates of this training were not available for us to view. We saw there were safeguarding policies for the protection of children and vulnerable adults. However, we found that both policies were not sufficiently detailed and did not include the procedure for staff to follow in the event of a safeguarding concern or the contacts of local safeguarding authorities.

Improvement needed

Updates must be made to the policies for the protection of vulnerable adults and children, including a clear procedure to follow in the event of a safeguarding concern.

We were told there were arrangements in place for staff to raise any concerns. We were told the practice undertakes pre-employment checks of any new members of staff before they join the practice, including Disclosure and Barring Service (DBS) clearance. However, we found that DBS clearance had not been conducted to the necessary level for all clinical staff. We advised the practice of this. We also found that both the dentists registered with HIW did not have a DBS certificate dated within the last three years in line with the Private Dentistry Regulations. Both dentists agreed to address this.

Radiographic equipment

During this inspection, we became concerned about the safe use of radiographic equipment at this practice. As a result of these concerns, an immediate action letter was issued to the practice following the inspection indicating the improvements required. The list of immediate actions required can be found in Appendix A. At the time of publication of this report, the practice provided HIW with assurance that these immediate concerns are being addressed.

Overall, based on our findings relating to the use of radiographic equipment, we could not be assured that the dentists working at this practice were meeting the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000. A summary our concerns included the following:

- A Radiation Protection File containing all relevant information was not in place to demonstrate the safe use of radiographic equipment used at the practice
- Certificates were not available for either dentist to demonstrate that sufficient training had been completed in ionising radiation within the last five years. Following the inspection, we found that neither dentist had completed the required number of hours of this training. We found relevant training had also not been completed by all dental nurses
- A piece of radiographic equipment (OPG) needed to be made safe and sufficient steps taken to prevent its use

- Robust systems were not in place to ensure that patients and staff do not enter the controlled area (where they could be exposed to radiation) when the x-ray machine is in use
- We found that the risks of unauthorised or accidental use of the x-ray machine had not been sufficiently considered
- Checks on the processing chemicals for x-rays films were not conducted regularly to ensure that a drop in quality is identified before a patient x-ray is taken
- Justifications for taking x-rays, clinical findings from x-rays (what the x-rays showed) and the quality grade of x-ray images were not recorded
- Radiographic audits in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 were not conducted at the practice.

See Appendix A for further details of the immediate actions required regarding radiographic equipment.

Patient records

We looked in detail at a small sample of patient records across each of the dentists and therapist at the practice.

Overall, we found that the record keeping was appropriate, but identified the following areas for improvement:

- Social history, including details about whether a patient smoked and their oral hygiene were not always recorded
- Medical histories were not consistently countersigned by the dentist and there was not a clear system of updating them. Countersigning is not mandatory, however, the practice must have a consistent system of ensuring each medical history is checked by the dentist
- Any smoking cessation advice provided to patients was not recorded in patient records
- Mouth cancer screening was not recorded. The recording of this is advised
- Treatment options were not always recorded.

Improvement needed

In addition to the above, the following improvements should be made to patient notes, including the consistent and correct recording of:

- ***Social history***
- ***Medical histories and updates***
- ***Smoking cessation advice***
- ***Treatment options.***

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We have made a recommendation regarding the arrangements for the practice to monitor the compliance with relevant regulations and standards in the Management and Leadership section of this report.

We found there were minimal audits conducted at the practice and we were told there were no formal arrangements for staff to conduct regular peer review audits together. We advised the practice that learning from peer review and audits helps to ensure the quality of care provided.

Improvement needed

The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of helping to ensure the quality of the care provided.

Quality of Management and Leadership

The day to day management is the responsibility of a practice manager and staff we spoke to were happy in their roles. However, given the nature and number of improvements identified during this inspection, we could not be assured that the practice and the dental professionals working within it had been sufficiently proactive to ensure compliance with relevant regulations and standards.

The day to day management of the practice is the responsibility of the practice manager. Staff we spoke to told us they were happy in their roles and working at the practice.

During our review of a range of documentation at the practice, we found that information was in need of organisation. We found various pieces of out-dated information alongside current documents, meaning we had difficulty in identifying the latest versions. We advised the practice to address this.

The practice had a range of policies and procedures available. In addition to the improvements needed to the infection control, safeguarding and complaints policies already stated in previous sections of this report, updates were needed to the equal opportunities and privacy and dignity policies. Due to the number of updates needed in the sample of policies we looked at, a thorough review of all policies is needed.

Improvement needed

The practice must ensure that all policies and procedures are updated in line with the current regulations, standards and guidelines.

We were not able to see records of continued professional development training for all staff members, as we were told that staff kept these at home. The practice had not kept a record of core training completed by staff, such as CPR training, and we advised the practice to do this.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, the dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. We noticed that one of the dentists needed to update their certificate and we made arrangements for this following the inspection.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. One of the records indicated that a staff member

needed to have a booster. The staff member concerned told us they were due to go back to occupational health for this.

We were told that formal staff meetings were not conducted on a regular basis but that informal staff meetings were held when possible. Regular staff meetings are important to help ensure that information is shared appropriately with all members of staff. Given the areas for improvement identified during this inspection, regular staff meetings are important for ensuring these areas are addressed.

Improvement needed

The practice should communicate regularly with all members of the team, specifically through conducting regular staff meetings.

Due to the nature and number of improvements identified during this inspection, we could not be assured that the practice and the dental professionals working within it had been sufficiently proactive to ensure compliance with relevant regulations and standards. We were also concerned that staff lacked sufficient understanding of the relevant regulations and standards.

It is the responsibility of the practice owners and the dental professionals who work there to ensure that any risks related to the health, welfare and safety of patients and others are identified, assessed and effectively managed. Furthermore, effective arrangements should be in place so that the quality of the services provided are regularly assessed and monitored. There is an expectation that the practice take meaningful action to address this and that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Improvement needed

More effective and proactive arrangements to monitor compliance with relevant regulations and standards need to be developed and implemented.

Following this inspection, HIW requested further information about Portfield Dental Surgery from the health board, including the online quality assurance self-assessment questionnaire (known as 'QAS'), which was completed by the practice in September 2015. On reviewing this self-assessment, we found a number of discrepancies between the information provided by the practice and our findings from this inspection. HIW are continuing to have conversations with the health board in this respect.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Portfield Dental Surgery will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW’s approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

Appendix A

General Dental Practice: Improvement Plan

Practice: Portfield Dental Surgery

Date of Inspection: 12 January 2016

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>IMMEDIATE ASSURANCE FINDINGS</p> <p>We could not be satisfied that the practice was meeting the standards necessary to provide safe and effective care, because suitable arrangements for the safe use of radiographic equipment were not in place.</p> <p>Radiographic equipment was installed and being used at the practice.</p> <p>A Radiation Protection File containing relevant information was not in place. Although some information relating to radiographic equipment was available, this did not include all information and documentation required to demonstrate the safe use of radiographic equipment used at the practice.</p>	<p>Regulation 14 (1)(d), (2) and (3), Health and Care Standards: Standard 2.9; Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical</p>	<p>A radiation Protection file is now in place and all the documentation for the X-ray machine has been included along with Local Rules, certificates, insurances, critical examination reports, risk assessments and a site survey.</p> <p>A certificate for critical examination has now been obtained for Sirona Heliodont Plus and is attached; it does not need to be redone until October 2017, a copy is in the Radiation Protection File</p>	<p>Sharon Griffiths – Practice Manager</p> <p>Practice Manager</p>	<p>Ongoing</p> <p>Completed</p>

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>Specifically the following was not available for inspection:</p> <ol style="list-style-type: none"> 1. Although the radiographic machine had been recently installed in October 2015, a certificate for critical examination of the radiographic equipment was not available 2. Identification of the controlled area had not been updated since the new radiographic equipment had been installed. We saw a diagram of the controlled area for the previous machine, but there was no evidence this had been reviewed since the new machine was installed 3. The local rules were found to be significantly out of date and were not sufficiently detailed 4. Working instructions, including equipment malfunction contingency plan processing and storage 5. Written confirmation of the name of the Radiation Protection Advisor 6. Written confirmation of the name of the 	<p>Exposure) Regulations 2000 (IR(ME)R 2000)</p>	<p>The diagram of the controlled area did not need to be updated as we had exchanged the x-ray equipment on a like for like basis and the one seen was adequate, I have enclosed a copy of the email advising us of this. However we have drawn up a diagram of the whole of the controlled area and it is on display on the wall.</p> <p>The Local Rules have been updated and the details therein have been significantly improved naming the new Radiation Protection Supervisor, who along with each member of staff have signed and dated it to say they have read and understood it. These are displayed in the x-ray room along with the working instructions, contingency plan for malfunction, and instructions on notifying others not to enter controlled area.</p>	<p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Completed</p>

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>Radiation Protection Supervisor (this had been temporarily amended by hand in the local rules displayed on the wall, but was not stated within other documentation)</p> <p>In addition to the above improvements needed to the radiation protection file, we were also concerned about a number of other areas relating to the safe use of radiographic equipment, including the following:</p> <p>On the day of inspection, we found there was no evidence, for either dentist, that sufficient training had been completed in ionising radiation within the last five years as certificates were not available. We were also informed that the nursing staff had not attended relevant training in radiation protection.</p> <p>We found that an OPG machine was installed at the practice. We were told that this was no longer in use and therefore had not been recently serviced. However, this machine was still connected to the power supply and x-ray films were easily accessible. There was no sign to indicate that the machine was not in use. Therefore, we could not be assured that the</p>		<p>Written confirmation of Radiation Protection Advisor is in the Local Rules and on wall, along with written confirmation and signature of Radiation Protection Supervisor</p> <p>All dentists have now produced certificates for Radiography, Dr Raminta Urbonaviciene has completed an Eastman IRMER course on line and her Certificate is attached. Dr Nabil Ishag has attended an IRMER course on Thursday 28th. January which was run by the Wales Deanery, his Certificate will be forwarded to you as soon as it is received. All the nursing staff will be attending relevant IRMER courses through the Deanery on February 25th. and 26th. , I will forward Certificates to you as they become available.</p> <p>The OPG machine has now been removed and disposed of along</p>	<p>Dr Raminta Urbonaviciene, Dr Nabil Ishag and Practice Manager</p> <p>Sharon Griffiths – Practice Manager</p> <p>Sharon Griffiths</p>	<p>completed</p> <p>1 month</p> <p>Completed</p>

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>OPG machine had been made safe and sufficient steps taken to prevent its use.</p> <p>The practice had one x-ray machine which was located in an area off the corridor and between the surgeries. Parts of the corridor would form the controlled area when the machine was in use. There was the potential that staff and patients walking between the surgeries could enter the controlled area while the machine was in use. However, we could not be assured that this risk had been sufficiently assessed and any precautions taken by practice staff had not been documented. Furthermore, the controlled area was not identified in the local rules or by any other visible method at the practice.</p> <p>We found that the isolator switch and the x-ray activation/exposure button were located on the wall of the corridor, between Surgeries 2 and 3. Because of this placement, we were concerned there was a potential risk that the x-ray machine could be activated by an unauthorised person or accidentally if an isolator switch was left on. Furthermore, an assessment of this had not been considered.</p>		<p>with cassettes and xray films. The arrangements for this were done through the DBG in association with our RPA. Photos have been attached of the empty area.</p> <p>A risk Assessment has been done for the intra oral xray machine and we have included in our Local Rules the need for the operator to inform all the other surgeries that they are taking an xray and not to enter the controlled area until they have been reassured it is safe to do so. On the wall for everyone to see we have put a diagram showing controlled area and instructions how to notify people of xrays being taken. We are also constructing a policy and Protocol for all staff members and they are receiving extra training on what to do and how to do it, for the safety of everyone</p>	Practice Manager	1 month

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	<p>The practice developed x-ray images chemically. We saw records to show that the chemicals were changed approximately every 6-8 weeks. However, no checks were conducted of the chemicals to monitor the quality of the x-ray films. We were concerned that without these checks, a drop in quality of the x-ray films would only be identified once a patient x-ray had been taken. Essentially, this meant that patients may be exposed to radiation unnecessarily as additional x-rays may need to be taken once the processing chemicals had been replaced.</p> <p>In our review of the patient records, we found that x-rays were not justified and no grading of x-rays was completed at the practice. Therefore, radiographic audits were not being performed, in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000.</p> <p>Overall, based on our findings relating to the use of radiographic equipment, we could not be assured that the dentists working at this practice were meeting the requirements of the Ionising Radiation (Medical Exposure)</p>		<p>The activation/ exposure switch has now been moved away from the isolator switch and onto the inside of the wall where it cannot be seen or accessed by unauthorised personnel.</p> <p>It has been suggested by our RPS that the provision of a warning light in the controlled area which would come on when it is unsafe to enter e.g. when an xray is being taken may be advantageous and we are seeking advice on the possibility of this at the moment</p> <p>We have reviewed our procedures for development of xrays and checking and changing chemicals, we now have a step wedge and have started doing and logging a step wedge test every Monday morning, and have new updated log sheets to allow for the recording of all the tests.</p>	<p>Practice Manager and RPS (Nabil Ishag)</p> <p>Practice Manager and RPS</p> <p>Practice Manager</p>	<p>Completed</p> <p>1 -2 Months</p> <p>Continuous ongoing</p>

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Regulations 2000.			<p>We have altered our computer software to allow for the written justification of xrays being taken in the patients computer notes, and both Dentist and nurse now grade each xray taken, the dentist records this in the patients clinical notes and the nurse in the book we use to record each xray taken (pt. Name, DOB, operator details, area of exposure PA, BW etc.)This now includes Grading of G1, G2, and G3.</p> <p>Both dentists at this Practice acknowledge they need to update their compliance, knowledge and training to enable them to meet the legal requirements of IRMER; they will do this by reading up on Standards & Regulations listed, to help them understand their legal and moral requirements better. They will also attend retraining and</p>	<p>All Dentists, Nurses and Practice Manager</p> <p>Dr Raminta Urbonaviciene,</p> <p>Dr Nabil Ishag</p> <p>Dr Raminta Urbonaviciene</p>	<p>Continuous ongoing</p> <p>2 – 3 months</p> <p>Ongoing (1 month initially)</p>

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			relevant courses as soon as these can be arranged. We have been in contact with the Deanery as both Dentists need advice and guidance on continuous auditing in the Practice on Radiography along with other subjects such as WHTM. We are also awaiting a response from the Deanery as we have been unable to access the Audit Cookbook on line. We will then implement this in the workplace with the rest of the team.	e, Dr Nabil Ishag	
Quality of the Patient Experience					
6	The practice should improve the display on the notice board to make information, including the complaints poster, easily visible to patients.	Health and Care Standards 3.2; General Dental Council Standards 5.1.5			
7	The contact details for the Community Health Council,	Putting Things			

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>Ombudsman and HIW should be added to the complaints policy and posters.</p> <p>The complaints procedure should be clear about the process and applicable organisations for patients to contact depending whether the patients are receiving private or NHS treatment.</p>	<p>Right Arrangements; Private Dentistry Regulations 2011 section 15(4a); General Dental Council Standards 5</p>			
8	<p>The practice must ensure that all fire exits are free from obstruction.</p> <p>The practice must seek advice from an appropriate fire safety expert regarding the second fire exit door.</p>	<p>Health and Care Standards 2.1; The Regulatory Reform (Fire Safety) Order</p>			
9	<p>The practice must ensure the clinical and non-clinical waste is stored appropriately within the practice,</p>	<p>Health and Care Standards</p>			

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	including the use of appropriate clinical waste bins. The practice must make arrangements for the disposal of feminine hygiene waste.	2.4; WHTM 01-05 section 2.4 n; WHTM 01-07 - Safe management of healthcare waste			
9	The practice must ensure that full COSHH risk assessments are completed for all hazardous substances used at the practice.	Health and Care Standards 2.1; Control of Substances Hazardous to Health Regulations 2002			
11	The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05. An infection control audit should be	Health and Care Standards 2.4; WHTM 01-05 Section 1.8			

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	re-conducted and the practice should develop a plan for addressing any areas identified.	& Chapter 2			
12	The practice must ensure that all recommended emergency drugs are available. There must suitable systems for checking that all resuscitation equipment is safe to use in line with UK Resuscitation Council Guidelines.	Health and Care Standards 2.1; General Dental Council Standards 1.5.3; UK Resuscitation Council - Primary dental care guidelines			
12	The practice must take steps to ensure the security of prescription pads.	Health and Care Standards 2.1			
12	There must be effective systems in place to ensure that all staff working at the practice have up-to-date training in CPR and that relevant	Health and Care Standards 2.9;			

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	staff have completed first aid training.	General Dental Council Standards 1.5.3 & 6.6.6; UK Resuscitation Council - Primary dental care guidelines			
13	Updates must be made to the policies for the protection of vulnerable adults and children, including a clear procedure to follow in the event of a safeguarding concern.	Health and Care Standards 2.7			
15	In addition to the above, the following improvements should be made to patient notes, including the consistent and correct recording of: <input type="checkbox"/> Social history <input type="checkbox"/> Medical histories and updates	Health and Care Standards 3.5; General Dental Council			

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<input type="checkbox"/> Smoking cessation advice <input type="checkbox"/> Treatment options.	Standards 4			
15	The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of helping to ensure the quality of the care provided.	Health and Care Standards 3.1 and 3.3			
Quality of Management and Leadership					
16	The practice must ensure that all policies and procedures are updated in line with the current regulations, standards and guidelines.	Health and Care Standards 2.1, 3.1, 3.4, 7.1; General Dental Council Standards 6.6			
17	The practice should communicate regularly with all members of the team, specifically through conducting regular staff meetings.	Health and Care Standards 7.1; General Dental			

Page	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Council Standards 6.6			
17	More effective and proactive arrangements to monitor compliance with relevant regulations and standards need to be developed and implemented.	Health and Care Standards 3.1; 3.3; General Dental Council Standards 1.5			

Practice Representative:

Name (print):

Title:

Date: